

STATE OF MINNESOTA
Department of Corrections

DATE & TIME

Medical Consult MCF-LL

DECORSEY, Michael

OID#: 226627

February 6, 2009

CC: Chronic hepatitis C, therapy in 1998 through 1999.

S: The offender reports that he underwent HCV treatment from 1998 through 1999 and experienced severe gastrointestinal symptoms. He was seeing Dr. Colon up at Northwestern Hospital and Dr. Benendorf at HCMC. He describes symptoms of increased nausea, depression with suicidal thoughts, muscle aches, and flu-like symptoms. His current SRD is 2013. He also indicated that he has a loop recorder and carries his monitoring device. He describes his disability as 100% disabled from hepatitis C, 50% disability from the heart problems, and 30% disability from his right lower extremity trauma, according to the VA (Veterans Administration). He denies any abdominal pain, jaundice, or edema.

O: He is alert and oriented x 3. Pleasant. Speech and thought content is intact. He appears older than his stated age. Based on above findings, it is likely that the offender acquired HCV virus when he was serving in the military. Labs reviewed showed viral load of 1.5 million UL/mL, genotype 1a. Also, his CBCs with diff showed suppressed platelet count of 131, WBCs 3.52, and hematocrit of 40.7. His liver function tests show ALT and AST are within normal range. The offender clearly indicated that he is not interested in undergoing hepatitis C treatment again due to previous adverse severe reactions from treatment.

A: Chronic hepatitis C

A: Chronic hepatitis C.
P: 1) The offender firmly declined HCV treatment due to previous adverse reaction from interferon and ribavirin. 2) I will continue to provide education on hepatitis C including risks and benefits of treatment. 3) The offender is instructed to maintain adequate hydration, increased physical activity, and fill out a kite if he has any questions or concerns regarding hepatitis C. He is to return to the clinic annually for hepatitis C followup. I will refer him to a psychologist/psychiatrist due to reported depressive symptoms.

Miriam Ingutia, RN, CNP /mt9

T: 02/07/09

JOB#: 13466559

D: 02/06/09

Dictated, but not reviewed

3/6/09 8AM Chart reviewed. No immediate HCV follow-up. LTC annually for HCV. M. Gauthier, CNP 3/6/09
Refusal of healthcare form completed & signed. M. Gauthier

NAME _____

010

• 5070020045

PRACTITIONER NOTES



STATE OF MINNESOTA
Department of Corrections

Consult MCF-OPH DECORSEY, MICHAEL OID#: 226627 February 06, 2012 (CONTINUED)
 pain. 7. Left thigh mass. 8. Dental issues. 9. Gastroesophageal reflux disease. 10. Nutritional issues. 11. Enlarged prostate gland. 12. DNR/DNI.
PLAN: The patient is readmitted to the TCU. Orders are rewritten. The patient is to notify the TCU staff should he experience further difficulties. The patient is to be reevaluated as necessary.
 Stephen Craane, M.D./0977 D: 02/06/2012 T: 02/06/2012 JOB#: 432522
 Dictated, but not Reviewed

8 Feb 12 | 938473 *[Signature]*

Consult MCF-OPH DECORSEY, MICHAEL OID#: 226627 February 08, 2012

Patient evaluated in his TCU room. Patient continues to note fatigue and dyspnea; in particular, patient feels that his right lung is not inflating completely.

PHYSICAL EXAMINATION: Vital signs: As per TCU record. Skin: No deficits of turgor or temperature. Lungs: Slightly diminished breath sounds at the right base; lungs are otherwise clear to auscultation bilaterally. Cardiovascular: Regular rate and rhythm. S1 and S2 positive, no murmur appreciated. Extremities: No clubbing, cyanosis, or edema is appreciated in any extremity.

ASSESSMENT: 1. Dysfunction of the mitral and aortic valves. 2. Pulmonary edema, likely secondary to item 1. 3. Anemia, status post blood transfusion. 4. Dyspnea, potentially related to items above. 5. Hepatic failure. 6. Seizure disorder. 7. Back and hip pain. 8. Left thigh mass. 9. Dental issues. 10. Gastroesophageal reflux disease. 11. Nutritional issues. 12. Enlarged prostate gland. 13. DNR/DNI.

PLAN: Will obtain a repeat radiograph of patient's chest to evaluate the lungs; patient also has scheduled labs upcoming. Continue current medical management for now. Patient to notify the TCU staff should he experience further difficulties. Patient to be re-evaluated as necessary.

Stephen Craane, M.D./0917 D: 02/08/2012 T: 02/08/2012 JOB#: 938473

Dictated, but not Reviewed

2/10/12 8:22A S/O: Patient seen for HCV. Reports abdominal pain and occasional distension. Denies jaundice and active bleeding. HEENT - Pale, scabbed areas to chin, dry skin protuberant abdomen, and in a wheelchair. Answered questions appropriately. No jaundice or pedal edema noted. Pt. made it clear that he would not consider treatment for HCV. He is a relaper. Reviewed labs show slightly elevated ammonia levels. No clinical indication for lactulose. Attending provider to follow up & treat PRN. A: HCV(+) genotype 1. P: Continue management of dysfunctional mitral and aortic valves. Follow up PRN. Abstain from illicit substance use and high risk sexual behavior. *[Signature]*

226627 — 2/8/1950

OID

DECORSEY, MICHAEL

PRACTITIONER NOTES

5070020045

M MINNCOR

CONFIDENTIAL--ATTORNEYS' EYES ONLY

Michaelson v. DOC
DOC.0002

STATE OF MINNESOTA
Department of Corrections

DATE & TIME	
7-26-08 16:50	<p>ADMITTED TO MCF/SCL States @ leg (crushed chip to toe) 2001 uses a cane. compression Fr 15. Given w/c arn to share ASA cell until cane can be obtained due to his cane being not being made of wood. wears a brace. Has a loop recorder. Hep C Dx 1997. States genotype 1A. States he had Tx for Hep C 1998 which was not effective. States teeth bad - Explained dental self care. Hx past (F) PPD (3-23-08) chest x-ray negative. States VWT last 10# in the past yr. Hx depression, Bipolar PTSD. States hospitalized due to ↑ lithium level. Tried to split his wrist as a teenager. Hears voices & music. Last 2 days ago. felt seriously depressed when he was in Hep C Tx 1999. States today he is a little bit depressed. Denies any thoughts of suicide or self harm. Dr provider list to review. Please</p>
	<p>Name: Decourcy OID 226427 Date 7-17-08 Has received state issued glasses Signature: S. Decourcy</p>
7/28/08 0855	<p>SI BP 124/76 P.62 T 98°. Sjouk said call his son to discuss. Back brace - still too small. Currently ordering on 1-1. Brace is to small - will have if xxl or l. also has questions on medications - received naproxen on Friday - won't know what this replaces - informed all medication currently taking. BP 95/68 (7/28)</p>
7-28-08 @ 1600	<p>Sjouk A called @ 1430 for chest pain. BP 99/60 P 100/1440. Chest pain rated @ 5 out of 10. Os applied band a ready taken 1 nitro. Sjouk ASA 1450 BP 97/70 P 90. pain rated as 4. Took second nitro rated pain as 4. Escorted to Health Services via wheel chair. EKG taken - rated pain as 3. Blood work done. Released from Health Services @ 1530. Feeling improved. Wheeled to B house. Connie Miller R -</p>

NAME _____

OID _____

5070020043

PROGRESS NOTES



January 26th, 2010

To; Whom it may concern
 From: Michael Daniel DeCorsey
 226627 MCF-STW
 970 Pickett St. N.
 Bayport, Minnesota, 55003-1490
 Subject: Medical practices when dealing with Health Services at
 Stillwater Prison

To all concerned:

I am sending this letter in hopes of getting some assistance in dealing with Health services here at Stillwater Prison. Before being incarcerated I was seeing Physicians at the VA Hospital in St. Cloud, and the VA Hospital in Minneapolis. In St. Cloud I saw my regular doctor, an optimologist, a dentist, and my phycologist for my mental health. In Minneapolis I dealt with surgical dentistry, Dr. Li from the cardiac department, as well as Nurse Practitioner J. Patterson who was helping me control my Hepatitis-C, I have Jeno Type 1a, Stage 4, Grade 4 cirrhosis of the liver.

Dr. Li from the VA Hospital in Minneapolis surgically implanted a Loop Recorder in my left chest to keep track of my heart rate when I black out. So we know that my heart rate drops to 20 beats per minute. And after having three Cardiac Catheterisations we know that I have 1 heart valve that does not always close, and 1 heart chamber that is larger than the others. I have had black out problems while outside the prison system and when I entered the MCF system these blackouts continued. I have had three blackouts while in custody of Morrison county jail, Three blackouts while in custody at St. Cloud prison, 4 blackouts while in Lino-Lakes prison, and four blackouts while in Stillwater prison.

Each time I blacked out Medtronic was to be called so that a technician could come and take a reading of my heart monitor, but this has taken place only once while I have been at Stillwater prison. Needless to say the information that Dr. Li needed did not get to him. I have been afraid of going through the metal detector here at Stillwater because the last time I went through the metal detector I blacked out and was out for over three hours. I did not mind the staff using

**GARCIA LABORATORY**

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 PAGE: 1

DECORSEY, MICHAEL
 226627
 LINO LAKES, MN 55014-
 (517) 000-0000
 SEX: M D/O/B: 11/05/1959

INGUTIA, MIRIAM CNP
 COLLECTION DATE: 01/05/2009
 RECEIVED DATE: 01/08/2009
 REPORT DATE: 01/08/2009 17:05 FOX

ACCESSION NO.: 624285
 <--> DESCRIPTION <--> RESULT <--> OUT OF RANGE <--> REF RANGE <--> UNITS
 HCV RNA GENOTYPE, L* 18
 TESTS PERFORMED BY:
 QUEST DIAGNOSTICS
 4444 GIDDINGS RD
 AUBURN HILLS, MI 48326-1581

W/1/09

-Complete-

PAGE - 1

DIRECTOR: Lorenz P. Kielhorn, MD
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